

QUARTERLY REPORT

3

30 JANUARY 2009

HEARTLAND UNIFIED BROADBAND NETWORK

HUBNET

RURAL HEALTHCARE PILOT PROGRAM
WC DOCKET NO. 02-60

Heartland Unified Broadband Network
Avera Health
3900 West Avera Drive
Sioux Falls, SD 57108
Attn: Kimberly Johnson, Associate Project Coordinator

1. Administrative and Procedural Information

- 1.1. Pursuant to the Federal Communications Commission Order, WC Docket No. 02-60, "Rural Healthcare Support Mechanism," defining the "Rural Healthcare Pilot Program," the Heartland Unified Broadband Network ("HUBNet") submits the following information as its 'Quarterly Report' for the period ending 30 January 2009.
- 1.2. HUBNet is a consortium of three Partners:
 - 1.2.1. **Avera Health**, Sioux Falls, SD, the administrative and fiduciary Partner. ("Avera") A regional integrated healthcare network with more than 228 locations in eastern South Dakota, Minnesota, Iowa, North Dakota, and Nebraska.
 - 1.2.2. **Regional Health**, Rapid City, SD. ("Regional") An integrated healthcare network of more than 40 entities in South Dakota and Wyoming.
 - 1.2.3. **Dakota Network of Community Health Centers**, Howard, SD. ("DNCHC") A not-for-profit corporation that supports the information technology needs of 24 Federally-Qualified Health Centers and 2 Primary Care Association offices in South Dakota and North Dakota.
- 1.3. In order to most accurately follow the information request as defined in the Appendix, this report is divided into parts conforming with the sections presented in the Appendix, and the text from the Appendix is reproduced as the introductory paragraphs of each section. Text sourced from the Appendix is presented in the Times New Roman typeface and is reproduced verbatim, without editing by HUBNet. Citations and footnotes are omitted.
- 1.4. Designation of participating sites as 'Public' or 'Non-Public' is based on ownership of physical property; i.e., the physical plant (land, buildings) of a hospital may be owned by a public entity – city or county – but the hospital operations may be leased to a HUBNet Partner for operations. Facilities in this or similar situations are labeled as "Public" in this report.
- 1.5. This document was created by members of the HUBNet Steering and Technical Committees, and attempts to faithfully and fully meet the letter and spirit of the Commission's request for information. Questions concerning this document should be directed to:

Heartland Unified Broadband Network
Avera Health
3900 West Avera Drive
Sioux Falls, SD 57108
Attn: Kimberly Johnson, Associate Project Coordinator

APPENDIX D

Pilot Program Participants Quarterly Data Reports

1. Project Contact and Coordination Information
 - a. Identify the project leader(s) and respective business affiliations.

Name/Title	Project Role	Address	Phone	Fax
Jim Veline Senior Vice President CIO	Project Director Administrative Committee; Steering Committee	Avera Health 3900 W. Avera Drive Sioux Falls, SD 57108 Jim.Veline@Avera.org	605-322-4707	605-322-4799
Kimberly Johnson Senior Project Manager	Assoc. Project Director Administrative Committee; Steering Committee	Avera Health 3900 W. Avera Drive Sioux Falls, SD 57108 Kimberly.Johnson@Avera.org	605-322-4704	605-322-4520
Jim Burkett Director, Technology Support	Technical Committee Lead Administrative Committee; Steering Committee	Avera Health 3900 W. Avera Drive Sioux Falls, SD 57108 Jim.Burkett@Avera.org	605-322-6080	605-322-4520
Mary DeVany Director, Telehealth Network	Telehealth Committee Lead EDI Committee Lead; Steering Committee	Avera Health 3900 W. Avera Drive Sioux Falls, SD 57108 Mary.DeVany@McKennen.org	605-322-6038	605-322-4520
Tad Jacobs, DO Chief Medical Information Officer	Telehealth Committee; EDI Committee;	Avera Health 3900 W. Avera Drive Sioux Falls, SD 57108 Tad.Jacobs@Avera.org	605-864-1150	605-322-4520
Jason Wulf Financial Analyst	Administrative Committee; Steering Committee	Avera Health 3900 W. Avera Drive Sioux Falls, SD 57108 Jason.Wulf@Avera.org	605-322-4722	605-322-4799
Scott O'Farrell Director, Technology Services	Technical Committee	Avera Health Avera McKennan Hospital 800 E. 21 st Street Sioux Falls, SD 57105 Scott.OFarrell@McKennen.org	605-322-6088	605-322-6007
Ted McCann Senior Network Engineer	Technical Committee	Avera Health Avera McKennan Hospital 800 E. 21 st Street Sioux Falls, SD 57105 Ted.McCann@McKennen.org	605-322-6078	605-322-6013
Matt Schroeder Supervisor, Network Engineering	Technical Committee	Avera Health Avera McKennan Hospital 800 E. 21 st Street Sioux Falls, SD 57105 Matt.Schroeder@McKennen.org	605-322-6156	605-322-6013
Joe Hafner Network Manager	Technical Committee	Avera Health Avera Queen of Peace 525 N. Foster Street Mitchell, SD 57301 Joe.Hafner@AveraQueenofPeace.org	605-995-2559	605-995-2441
Chris Nelson Network Manager	Technical Committee	Avera Health Avera Sacred Heart 501 Summit Street Yankton, SD 57078 CNelson@SHHServices.com	605-668-8330	605-668-8351
Scott Stolle Network Manager	Technical Committee	Avera Health Avera St. Luke's 305 S. State Street Aberdeen, SD Scott.Stolle@AveraStLukes.org	605-622-5190	605-622-4038

John Mengenhausen Chief Executive Officer	Administrative Committee; Steering Committee	Dakota Network of Community Health Centers Horizon Health Care, Inc. 109 North Main Street Howard, SD 57349 jmengenhau- sen@horizonhealthcare.org	605-772-4525	605-772-5185
Lance S. Lim, MD Physician	Telehealth Committee; EDI Committee	Dakota Network of Community Health Centers Jerauld County Clinic, 602 First Street NE Suite 1 Wessington Springs, SD 57382 llim@horizonhealthcare.org	605-539-1767	605-539-9546
Scott Weatherill IT Director	Technical Committee; Tele- health Committee; EDI Committee	Dakota Network of Community Health Centers Horizon Health Care, Inc. 109 North Main Street Howard, SD 57349 sweathe- rill@horizonhealthcare.org	605-772-4518	605-772-5185
Richard Latuchie Vice President, Information Technology CIO	Administrative Committee; Steering Committee	Regional Health 353 Fairmont Blvd Rapid City, SD 57701 RLatuchie@rcrh.org	605-719-4944	605-719-8053
Brian Smith, MD Faculty Physician	Telehealth Committee; EDI Committee	Regional Health Family Medicine Residency Clinic 502 East Monroe Street Rapid City, SD 57701 bsmith3@rcrh.org	605-719-4060	605-719-4012
Alan T. Williams, Assistant Director of Information Systems	Technical Committee; Steer- ing Committee; Administra- tive Committee	Regional Health 353 Fairmont Blvd Rapid City, SD 57709 awilliams@RCRH.org	605-716-8305	605-716-8302
Andy Gerlach Network Analyst	Technical Committee	Regional Health 353 Fairmont Blvd Rapid City, SD 57701 agerlach@rcrh.org	605-716-8466	605-719-4206

- b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

Jim Veline
Senior Vice President, CIO
Avera Health
3900 W/ Avera Drive
Sioux Falls, SD 57108
Jim.Veline@Avera.org
(605) 322-4707 (vox)
(605) 322-4799 (fax)

- c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Avera Health
3900 W/ Avera Drive
Sioux Falls, SD 57108

- d. Explain how project is being coordinated throughout the state or region.

Avera Health staff directs and administers the HUBNet project with the assistance of DNCHC and Regional Health staff. The key Avera Health staff work with the two partner organizations in the form of three primary committees. The Project Director will oversee these committees.

The three general committees have been divided among administrative/management activities; technical activities; and clinical activities. At the request of Regional Health and the Dakota Network, Avera Health staff will lead and administer the work of the three committees. Many activities cross over and involve more than one committee. The committees are key in assuring the success of the pilot project, as well as the long-term sustainability of HUBNet.

The committees are:

Administrative/Management Committee

Responsible for activities and functions that relate to management and administrative functions of HUBNet. This includes day-to-day management activities, as well as general policies, procedures and activities that relate to administrative infrastructure. This committee is responsible for financial management issues and has a key role in working with organizations that have expressed an interest in participating in HUBNet in Year 3 and beyond.

Technical Committee

Responsible for technical aspects of the project, including the information system and network planning; design; development; bid proposal evaluation and vendor selection; and implementation.

Telehealth & EDI Committees

Responsible for the development of clinical telemedicine and data sharing / interchange activities, and provides clinicians' perspectives on telehealth applications. This committee works closely with the Technical Committee to help ensure that the network infrastructure supports the planned development and enhancement of telemedicine and clinical applications.

2. Identify all health care facilities included in the network.

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
 - i. Public or non-public;
 - ii. Not-for-profit or for-profit;
 - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

30 January 2009: The facilities indicated by **facility name*** in the chart below have declined participation in the project upon evaluation of the bid proposal for the site.

Health Care Facility	Address	City	County	St	ZIP	Phone	Eligible Entity Type	Eligibility Explanation	RUCA	RUCA Sec	Census Tract	HUBNet Partner
Belle Fourche Regional Medical Center	2200 Thirteenth Avenue	Belle Fourche	Butte	SD	57717	(605) 892-2701	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	7	7.4	997700	Regional
Foothills Regional Medical Clinic	8057 Stage Stop Road	Black Hawk	Meade	SD	57718	(605) 718-7625	Urban health clinic, non-public	SD state licensed not-for-profit primary care clinic located in an urban area	1	1.0	20301	Regional
Buffalo Regional Medical Clinic	209 Ramsland	Buffalo	Harding	SD	57720	(605) 375-3744	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	10	10.0	998700	Regional
Custer Regional Hospital	1039 Montgomery Street	Custer	Custer	SD	57730	(605) 673-2229	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	995200	Regional
Lead-Deadwood Regional Hospital	61 Charles Street	Deadwood	Lawrence	SD	57732	(605) 722-6101	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.5	996100	Regional

Health Care Facility	Address	City	County	St	ZIP	Phone	Eligible Entity Type	Eligibility Explanation	RUCA	RUCA Sec	Census Tract	HUBNet Partner
Edgemont Regional Medical Clinic	908 H Street	Edgemont	Fall River	SD	57735	(605) 662-7250	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	10	10.3	994100	Regional
Hill City Regional Medical Clinic	557 E. Main Street	Hill City	Pennington	SD	57745	(605) 574-4470	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	2	2.0	011700	Regional
Fall River Health Services	209 N. 16th Street	Hot Springs	Fall River	SD	57747	(605) 745-3159	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	994200	Regional
Kadoka Clinic*	601 Chestnut Street	Kadoka	Jackson	SD	57543	(605) 837-2257	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	10	10.0	991100	Regional
Bennett County Hospital*	102 Major Allen Road	Martin	Bennett	SD	57551	(605) 685-6622	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	940900	Regional
Philip Health Services	505 W. Pine Street	Philip	Haakon	SD	57567	(605) 859-2511	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	990100	Regional
Aspen Regional Medical Clinic	640 Flormann Street	Rapid City	Pennington	SD	57701	(605) 718-3300	Rural health clinic, non-public	SD state licensed not-for-profit primary and specialty care clinic located in an urban area	1	1.0	010800	Regional
Dakota Plaza Regional Medical Clinic	3501 5th Street	Rapid City	Pennington	SD	57701	(605) 747-8305	Rural health clinic, non-public	SD state licensed not-for-profit specialty care clinic located in an urban area	1	1.0	010901	Regional
Family Medicine Residency	502 E. Monroe	Rapid City	Pennington	SD	57701	(605) 719-4060	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in an urban area	1	1.0	010400	Regional

Health Care Facility	Address	City	County	St	ZIP	Phone	Eligible Entity Type	Eligibility Explanation	RUCA	RUCA Sec	Census Tract	HUBNet Partner
Rapid City Regional Hospital	353 Fairmont Boulevard	Rapid City	Pennington	SD	57701	(605) 719-1000	Not-for-profit hospital, non-public	SD state licensed not-for-profit tertiary care hospital; Joint Commission-accredited at time of application; located in an urban area	1	1.0	010901	Regional
Rosebud Regional Medical Clinic - Dialysis	1 Soldier Creek Road	Rosebud	Todd	SD	57570	(605) 747-2916	Rural health clinic, non-public	SD state licensed not-for-profit specialty care clinic located in a rural area	10	10.0	940100	Regional
Queen City Regional Medical Clinic	1420 N. 10th Street	Spearfish	Lawrence	SD	57783	(605) 642-8414	Rural health clinic, non-public	SD state licensed not-for-profit primary and specialty care clinic located in a rural area	4	4.0	996200	Regional
Spearfish Regional Dialysis	132 N. Yankee Street	Spearfish	Lawrence	SD	57783	(605) 644-9000	Rural health clinic, non-public	SD state licensed not-for-profit specialty care clinic located in a rural area	4	4.0	996200	Regional
Spearfish Regional Hospital	1440 N. Main Street	Spearfish	Lawrence	SD	57783	(605) 644-4000	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	4	4.0	996200	Regional
Spearfish Regional Medical Clinic - East	2479 E. Colorado	Spearfish	Lawrence	SD	57783	(605) 644-4460	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	4	4.0	996300	Regional
Spearfish Regional Surgery Center	1316 10th Street	Spearfish	Lawrence	SD	57783	(605) 642-3113	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural specialty hospital	4	4.0	996200	Regional
Massa Berry Regional Medical Clinic	800 Lazelle Street	Sturgis	Meade	SD	57785	(605) 347-3616	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	7	7.3	020400	Regional
Sturgis Regional Medical Center	949 Harmon Street	Sturgis	Meade	SD	57785	(605) 720-8305	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.3	020400	Regional
Wall Health Services*	112 7th Avenue	Wall	Pennington	SD	57790	(605) 279-2139	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	2	2.0	011600	Regional

Health Care Facility	Address	City	County	St	ZIP	Phone	Eligible Entity Type	Eligibility Explanation	RUCA	RUCA Sec	Census Tract	HUBNet Partner
Weston County Health Services*	1124 Washington Boulevard	Newcastle	Weston	WY	82701	(307) 746-4491	Not-for-profit hospital, public	WY state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	951300	Regional
Bryant Community Health Center	110 Main Street	Bryant	Hamlin	SD	57221	(605) 628-2318	Community health center or health center providing health to migrants, non-public	SD state licensed rural primary care clinic; Federally Qualified Health Center	10	10.5	955200	DNCHC
Bell Medical Service	801 3rd Street SW	DeSmet	Kingsbury	SD	57231	(605) 854-3455	Community health center or health center providing health to migrants, non-public	SD state licensed rural primary care clinic; Federally Qualified Health Center	10	10.0	958200	DNCHC
Howard Administration Office	109 N. Main Street	Howard	Miner	SD	57349	(605) 775-4525	Community health center or health center providing health to migrants, non-public	Community health center administrative office; Federally Qualified Health Center;	10	10.0	961600	DNCHC
Lake Preston Community Health Clinic	709 Fourth Street SE	Lake Preston	Kingsbury	SD	57249	(605) 847-4484	Community health center or health center providing health to migrants, non-public	SD state licensed rural primary care clinic; Federally Qualified Health Center	10	10.5	958100	DNCHC
Bennett County Community Health Center	20389 269th Street	Martin	Bennett	SD	57551	(605) 685-6868	Community health center or health center providing health to migrants, non-public	SD state licensed rural primary care clinic; Federally Qualified Health Center	10	10.0	940900	DNCHC
Mission Medical Clinic	153 South Main Street	Mission	Todd	SD	57555	(605) 856-2295	Community health center or health center providing health to migrants, non-public	SD state licensed rural primary care clinic; Federally Qualified Health Center	10	10.0	940200	DNCHC

Health Care Facility	Address	City	County	St	ZIP	Phone	Eligible Entity Type	Eligibility Explanation	RUCA	RUCA Sec	Census Tract	HUBNet Partner
Aurora County Clinic	100 S. Main	Plankinton	Aurora	SD	57368	(605) 642-7711	Community health center or health center providing health to migrants, non-public	SD state licensed rural primary care clinic; Federally Qualified Health Center	10	10.5	973600	DNCHC
Jerauld County Clinic	602 First Street NE	Wessington Springs	Jerauld	SD	57382	(605) 539-4518	Community health center or health center providing health to migrants, non-public	SD state licensed rural primary care clinic; Federally Qualified Health Center	10	10.0	974100	DNCHC
Melette County Clinic	1st & S. Roosevelt	White River	Melette	SD	57579	(605) 259-3121	Community health center or health center providing health to migrants, non-public	SD state licensed rural primary care clinic; Federally Qualified Health Center	10	10.0	940300	DNCHC
Whiting Memorial Clinic	215 S. Dumont	Woonsocket	Sanborn	SD	57385	(605) 796-4433	Community health center or health center providing health to migrants, non-public	SD state licensed rural primary care clinic; Federally Qualified Health Center	10	10.5	962100	DNCHC
Avera Holy Family Hospital	826 N. 8th Street	Estherville	Emmet	IA	51334	(712) 362-2631	Not-for-profit hospital, non-public	IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.4	970400	Avera
Avera Estherville Medical Clinic	926 N. 8th Street	Estherville	Emmet	IA	51334	(712) 362-6501	Rural health clinic, non-public	IA state licensed not-for-profit primary care clinic located in a rural area	7	7.4	970400	Avera
Floyd Valley Hospital / Avera	714 Lincoln Street NE	LeMars	Plymouth	IA	51031	(712) 546-8781	Not-for-profit hospital, non-public	IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.3	970100	Avera
Hegg Memorial Health Center / Avera	1202 21st Avenue	Rock Valley	Sioux	IA	51247	(712) 476-8000	Not-for-profit hospital, non-public	IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	970300	Avera

Health Care Facility	Address	City	County	St	ZIP	Phone	Eligible Entity Type	Eligibility Explanation	RUCA	RUCA Sec	Census Tract	HUBNet Partner
Hegg Medical Clinic Avera	2121 Hegg Drive	Rock Valley	Sioux	IA	51247	(712) 476-8100	Rural health clinic, non-public	IA state licensed not-for-profit primary care clinic located in a rural area	7	7.0	970300	Avera
Osceola Community Hospital	600 9th Avenue N.	Sibley	Osceola	IA	51249	(712) 754-3782	Not-for-profit hospital, non-public	IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	960100	Avera
Sioux Center Community Hospital / Avera	605 S. Main Avenue	Sioux Center	Sioux	IA	51250	(712) 722-1271	Not-for-profit hospital, non-public	IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	970700	Avera
Sioux Center Medical Clinic Avera	645 S. Main Avenue	Sioux Center	Sioux	IA	51250	(712) 722-2609	Rural health clinic, non-public	IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	970700	Avera
Avera Spencer Family Care	116 E. 11th Street	Spencer	Clay	IA	51301	(712) 264-3530	Rural health clinic, non-public	IA state licensed not-for-profit primary care clinic located in a rural area	4	4.0	980200	Avera
Avera Spirit Lake Medical Center	2700 23rd Street, Suite A	Spirit Lake	Dickinson	IA	51360	(712) 336-5410	Rural health clinic, non-public	IA state licensed not-for-profit primary care clinic located in a rural area	4	4.0	950500	Avera
Avera Lakes Family Practice	2700 23rd Street, Suite C	Spirit Lake	Dickinson	IA	51360	(712) 336-3750	Rural health clinic, non-public	IA state licensed not-for-profit primary care clinic located in a rural area	4	4.0	950500	Avera
Hendricks Community Hospital*	503 E. Lincoln Street	Hendricks	Lincoln	MN	56136	(507) 275-3134	Not-for-profit hospital, non-public	MN state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.5	950100	Avera
Southwestern Mental Health Center Avera	216 E. Luverne Street	Luverne	Rock	MN	56156	(507) 283-9511	Community mental health center, non-public	MN state licensed not-for-profit outpatient mental health care clinic located in a rural area	10	10.4	970300	Avera

Health Care Facility	Address	City	County	St	ZIP	Phone	Eligible Entity Type	Eligibility Explanation	RUCA	RUCA Sec	Census Tract	HUBNet Partner
Avera Marshall Regional Medical Center	300 S. Bruce Street	Marshall	Lyon	MN	56258	(507) 532-9661	Not-for-profit hospital, public	MN state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	4	4.0	960400	Avera
Pipestone County Medical Center	916 4th Avenue SW	Pipestone	Pipestone	MN	56164	(507) 825-5811	Not-for-profit hospital, public	MN state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	960300	Avera
Pipestone Medical Group Avera	920 4th Avenue SW	Pipestone	Pipestone	MN	56164	(507) 825-5700	Rural health clinic, non-public	MN state licensed not-for-profit primary care clinic located in a rural area	7	7.0	960300	Avera
Avera Worthington Specialty Clinics	508 10th Street	Worthington	Nobles	MN	56187	(507) 372-2921	Rural health clinic, non-public	MN state licensed not-for-profit primary and specialty care clinic located in a rural area	4	4.0	990500	Avera
Southwestern Mental Health Center Avera	1024 Seventh Avenue	Worthington	Nobles	MN	56187	(507) 376-4141	Community mental health center, non-public	MN state licensed not-for-profit outpatient mental health care clinic located in a rural area	4	4.0	990500	Avera
Avera Clinic of Ellendale*	240 Main Street	Ellendale	Dickey	ND	58436	(701) 349-3666	Rural health clinic, non-public	ND state licensed not-for-profit primary care clinic located in a rural area	10	10.0	973400	Avera
Avera Sacred Heart Medical Clinic	203 W. Main	Crofton	Knox	NE	68730	(402) 388-2343	Rural health clinic, non-public	NE state licensed not-for-profit primary care clinic located in a rural area	10	10.2	976100	Avera
Avera Sacred Heart Medical Clinic	405 W. Darlene Street	Hartington	Cedar	NE	68739	(402) 254-3935	Rural health clinic, non-public	NE state licensed not-for-profit primary care clinic located in a rural area	10	10.5	977100	Avera
Avera St. Anthony's Hospital	300 N. 2nd Street	O'Neill	Holt	NE	68763	(402) 336-2611	Not-for-profit hospital, non-public	NE state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	974300	Avera
Avera Holt County Medical Clinic	555 John Street	O'Neill	Holt	NE	68763	(402) 336-4113	Rural health clinic, non-public	NE state licensed not-for-profit primary care clinic located in a rural area	7	7.0	974300	Avera

Health Care Facility	Address	City	County	St	ZIP	Phone	Eligible Entity Type	Eligibility Explanation	RUCA	RUCA Sec	Census Tract	HUBNet Partner
O'Neill Family Practice Clinic*	403 E. Hynes Avenue	O'Neill	Holt	NE	68763	(402) 336-2622	Rural health clinic, non-public	NE state licensed not-for-profit PC clinic located in a rural area	7	7.0	974300	Avera
Avera DeSmet Memorial Hospital	306 Prairie Avenue SW	DeSmet	Kingsbury	SD	57231	(605) 854-3329	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	958200	Avera
Avera St. Benedict Health Center	401 W. Glynn Drive	Parkston	Hutchinson	SD	57366	(605) 928-3311	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.5	968700	Avera
Platte Health Center Avera	601 E. 11th Street	Platte	Charles Mix	SD	57369	(605) 539-1201	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	970100	Avera
Avera Wesskota Memorial Medical Center	604 1st Street NE	Wessington Springs	Jerauld	SD	57382	(605) 539-1201	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	974100	Avera
Freeman Community Hospital	510 E. 8th Street	Freeman	Hutchinson	SD	57029	(605) 925-4000	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	968600	Avera
St. Michael's Hospital Avera*	410 W. 16th Avenue	Tyndall	Bon Homme	SD	57066	(605) 898-3630	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.5	967600	Avera
Wagner Community Memorial Hospital	504 SW Third Street	Wagner	Charles Mix	SD	57380	(605) 384-3611	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	970300	Avera
Marshall County Memorial Hospital	413 9th Street	Britton	Marshall	SD	57430	(605) 448-2253	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	950700	Avera
Eureka Community Health Services	410 9th Street	Eureka	McPherson	SD	57437	(605) 622-5190	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	983100	Avera

Health Care Facility	Address	City	County	St	ZIP	Phone	Eligible Entity Type	Eligibility Explanation	RUCA	RUCA Sec	Census Tract	HUBNet Partner
Avera Clinic of Groton	8 E. Highway 12	Groton	Brown	SD	57445	(605) 397-4242	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	5	5.0	951900	Avera
Avera St. Luke's Physician Specialist Clinic*	1400 10 Avenue W.	Mobridge	Walworth	SD	57601	(605) 845-7292	Rural health clinic, non-public	SD state licensed not-for-profit specialty care clinic located in a rural area	7	7.0	985200	Avera
Redfield Community Memorial Hospital	111 W. 10th Avenue	Redfield	Spink	SD	57469	(605) 472-1110	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	000200	Avera
Avera Brookings Medical Clinic	440 22nd Avenue	Brookings	Brookings	SD	57006	(605) 697-6500	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	4	4.0	958900	Avera
Brookings Health System	300 22nd Avenue	Brookings	Brookings	SD	57006	(605) 696-9000	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	4	4.0	958900	Avera
Avera Community Clinic	101 S. Front Street	Chamberlain	Brule	SD	57325	(605) 234-6088	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	10	10.0	973200	Avera
Dells Area Health Center / Avera Health	909 N. Iowa Avenue	Dell Rapids	Minnehaha	SD	57022	(605) 428-5431	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	2	2.0	010100	Avera
Avera Dell Rapids Medical Clinic	111 E. 10th Street	Dell Rapids	Minnehaha	SD	57022	(605) 428-5446	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	2	2.0	010100	Avera
Avera Flandreau Medical Center	214 N. Prairie Street	Flandreau	Moody	SD	57028	(605) 997-2433	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.4	959700	Avera
Avera Flandreau Medical Clinic	212 N. Prairie Street	Flandreau	Moody	SD	57028	(605) 997-2471	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	10	10.4	959700	Avera

Health Care Facility	Address	City	County	St	ZIP	Phone	Eligible Entity Type	Eligibility Explanation	RUCA	RUCA Sec	Census Tract	HUBNet Partner
Avera Gregory Healthcare Center	400 Park Avenue	Gregory	Gregory	SD	57533	(605) 835-8394	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	971100	Avera
Avera Gregory Medical Clinic	405 Whittecar	Gregory	Gregory	SD	57533	(605) 835-9611	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	10	10.0	971100	Avera
Madison Community Hospital	917 N. Washington	Madison	Lake	SD	57042	(605) 256-6551	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	960200	Avera
Milbank Area Hospital	901 E. Virgil Avenue	Milbank	Grant	SD	57252	(605) 432-4538	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	7	7.0	953100	Avera
Avera Milbank Medical Center	803 E. Milbank Avenue	Milbank	Grant	SD	57252	(605) 432-4587	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	7	7.0	953100	Avera
Hand County Memorial Hospital / Avera	300 W. 5th Street	Miller	Hand	SD	57362	(605) 853-2421	Not-for-profit hospital, public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	975700	Avera
Avera Hand County Clinic	300 W. 5th Street	Miller	Hand	SD	57362	(605) 853-2447	Rural health clinic, non-public	SD state licensed not-for-profit primary care clinic located in a rural area	10	10.0	975700	Avera
Landmann-Jungman Memorial Hospital	600 Billars Street	Scotland	Bon Homme	SD	57059	(605) 583-2226	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.5	967600	Avera
Coteau Des Prairies Hospital	205 Orchard Drive	Sisseton	Roberts	SD	57262	(605) 698-7647	Not-for-profit hospital, non-public	SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital	10	10.0	940400	Avera

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:
 - a. Brief description of the backbone network of the dedicated health care network, *e.g.*, MPLS network, carrier-provided VPN, a SONET ring;
 - b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
 - c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
 - d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
 - e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

20 October 2008: Competitive bidding for the first HUBNet RFP has been completed, and HUBNet is in the process of evaluating the bid proposals received from vendors. See Section 8 for bid receipt and evaluation timeline to date.

Each bidder has proposed its own solution to the requirements specified in the RFP, and an accurate and responsive technical description cannot be provided until the winning bids are chosen and the network design is thereby finalized.

HUBNet expects to submit its bid evaluation documentation, form(s) 466-A, Network Cost Worksheets, and other supporting documentation in November 2008.

30 January 2009: HUBNet has received and evaluated bid proposals, and has solicited final financial commitments from participating sites. As noted in Section 2, above, some institutions have declined to participate based on the financial expenditure required.

Final network design and documentation is in progress, based on the newly-determined list of committed sites.

4. List of Connected Health Care Providers: Provide information below for all eligible and noneligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.
- a. Health care provider site;
 - b. Eligible provider (Yes/No);
 - c. Type of network connection (*e.g.*, fiber, copper, wireless);
 - d. How connection is provided (*e.g.*, carrier-provided service; self-constructed; leased facility);
 - e. Service and/or speed of connection (*e.g.*, DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
 - f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
 - g. Site Equipment (*e.g.*, router, switch, SONET ADM, WDM), including manufacturer name and model number.
 - h. Provide a logical diagram or map of the network.

30 January 2009: Funding commitment has not yet been received – application for same is in progress.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.
 - a. Network Design
 - b. Network Equipment, including engineering and installation
 - c. Infrastructure Deployment/Outside Plant
 - i. Engineering
 - ii. Construction
 - d. Internet2, NLR, or Public Internet Connection
 - e. Leased Facilities or Tariffed Services
 - f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
 - g. Other Non-Recurring and Recurring Costs

30 January 2009: Funding commitment has not yet been received – application for same is in progress.
No costs have yet been incurred

6. Describe how costs have been apportioned and the sources of the funds to pay them:
 - a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
 - b. Describe the source of funds from:
 - i. Eligible Pilot Program network participants
 - ii. Ineligible Pilot Program network participants
 - c. Show contributions from all other sources (*e.g.*, local, state, and federal sources, and other grants).
 - i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
 - ii. Identify the respective amounts and remaining time for such assistance.
 - d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

30 January 2009: Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

30 January 2009: Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred. All entities for which connectivity initiation or enhancement is to be funded by the Rural Healthcare Pilot Program are eligible. No ineligible entities are contemplated as participants.

8. Provide an update on the project management plan, detailing:
 - a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

Management structure is as defined in Section 1 of this report.

- b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network *and operational*. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

30 January 2009: Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred.

The following bid solicitation and evaluation activities have occurred during the reporting period ending **30 October 2008:**

18 August 2008 – RFP and supporting information posted to USAC web site.

15 September 2008 – Allowable contract date and deadline for bid proposal submission.

16 September 2008 – Bid proposal opening and distribution to members of the HUBNet Technical Committee. Bid proposals were received from:

Alexander Open Systems	Overland Park, KS
CDW Healthcare	Vernon Hills, IL
FleetLoc	West Jordan, UT
Knology	Rapid City, SD
Mediacom Communications	West Des Moines, IA
Midcontinent Business Solutions	Sioux Falls, SD
SDN Communications	Sioux Falls, SD
Thompson Electric Co.	Sioux Falls, SD

29 September 2008 – HUBNet Technical Committee bid review conference. Distribution of bidder evaluation forms.

2 October 2008 – Avera Partner bid review conference for evaluation of bid proposals specific to the Avera Partner region.

7 October 2008 - HUBNet Technical Committee conference. Evaluation form scoring and comment review.

13 – 17 October 2008 – Individual vendor presentation calls. Each vendor presented its proposal to the HUBNet Technical Committee and took questions from the Committee. Each bidder was afforded the opportunity to participate in such a call during the indicated week. All bidders accepted and were given the opportunity to present to the Committee.

28 October 2008 – HUBNet Technical Committee bid review conference. Preliminary vendor evaluation sheet review and vendor selection for submission to USAC.

The following bid solicitation and evaluation activities have occurred during the reporting period ending **30 January 2009**:

- 1) Participation commitment forms were generated and delivered to all potential participating institutions.
- 2) Signed participation commitment forms have been received from all potential sites. See section 2 for a list of participating institutions and those who have declined to participate.
- 3) USAC Forms 466A and supporting spreadsheets (477-A attachment, Network Cost Worksheet) have been completed for the participating institutions and concomitant vendors.
- 4) Contracts from two of the three selected vendors have been negotiated and prepared for submission to USAC.
- 5) Certifications from two of the three selected vendors have been executed and prepared for submission to USAC.
- 6) Ancillary submission documents, including bid proposals, and acceptance procedure documentation have been prepared for submission to USAC.

HUBNet anticipates that the final vendor contract document will be completed and prepared for submission, and the entire Funding Commitment request submission transmitted to USAC for evaluation, acceptance, and FCL issuance no later than 16 February 2009.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

30 January 2009: Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred. However, preliminary examination of the bid proposals confirms that the sustainability plan outlined in the HUBNet RHCPP Application is valid, particularly the second scenario described as utilizing the existing Rural Health-care Program to provide reimbursement. *Specific details for each HUBNet Partner, including actual costs and reimbursement requirements beyond contract year 3, will be provided as part of the Funding Commitment submission package, when they can be based on true costs from executed contracts.*

Section 8 of the HUBNet RHCPP application is included below for reference.

8. Sustainability Plan

In year 3 and beyond, the HUBNet partners anticipate three possible scenarios related to sustainability. In the first scenario, the Pilot Project replaces the current Universal Service, Rural Health Care (RHC) program and funding continues at up to 85%. In the second scenario, the FCC reverts to the current RHC program with little to no change. In the third scenario, the FCC phases out and eventually eliminates all funding. The HUBNet partner's strategy will depend on which scenario arises. Through its Great Plains Telehealth Resource and Assistance Center (TRAC), Avera Health is working with the Federal Office for the Advancement of Telehealth (OAT) to demonstrate the value of telehealth applications and describe how this value relates to overall business plans.

All services that the HUBNet partners provide over the network are necessary for the survival of the health systems. Therefore, the required bandwidth and connectivity for each of these services is necessary and thus, each of the partners will ensure that the bandwidth is available. In general, the partners will fund the costs of the wide area network from operating budgets.

FCC Pilot Project support will provide the necessary "kick start" needed to make network infrastructure improvements necessary to greatly expand telehealth services across the region. The current need for infrastructure improvements has arrived more rapidly than anticipated, partly because of the rapid demand and need for telehealth services. Cost savings resulting from the telehealth network will also foster sustainability. Cost savings from reduced travel is one element that the health systems use to justify the costs of the network. For example, at the current rate of \$0.48 per mile, if staff from the hospital in Aberdeen, SD attend a meeting held in Sioux Falls, SD by video, they avoid an all day excursion and a 400 mile round trip, or roughly \$196 in expenditures for 1 vehicle for the day. If 10 meetings are held during a month, \$1,920 in costs per month are avoided. In addition to the hard savings, the staff is able to avoid several hours of unproductive windshield time and available to tend to matters locally.

Physician time is also saved through the implementation of telemedicine. This not only saves costs for travel, but allows the physicians to generate more revenue by seeing more patients with the freed time. A year long study at Avera Milbank Area Hospital, a CAH, concluded that \$24,456 in services was provided locally as a result of telemedicine and included specialist ordered services such as bone scans, ultrasounds, x-rays, and CT studies, as well as various lab tests. These services allowed 67 patients to remain in their home community near family and friends (which facilitates faster healing) instead of having to be transferred to Sioux Falls, 152 miles away. The provision of these services in the rural community helps maintain the economy of that local community.

There are other reasons beyond cost savings that ensure the network will be maintained. Avera eICU care is one very important service that is provided for which the health system cannot charge. Patient care significantly improved with decreased morbidity and mortality in the intensive care unit. **Centers for Medicare and Medicaid Services (CMS) regulations prohibit adding a specific telecommunications related fee to patient bills. Additionally, most private insurance plans follow CMS regulations.**

The following are the sustainability plans for each proposed scenario:

First Scenario:

In the event that the FCC replaces the current RHC program with a program that mirrors the Pilot Project, the HUBNet partners will be able to maintain the network as designed and potentially accelerate further network development. The 15% cost match will be borne by the partners and easily justified via the value generated by the network. The network partners would continue to fund their portions of the costs out of operations.

Second Scenario:

The current RHC program has been beneficial thus far to the HUBNet partners and they will have no trouble sustaining the current level of costs with the RHC subsidies. These costs have been manageable and are funded out of operating budgets. Since the current RHC program

does not fund equipment, the partner organizations will continue to fund the capital costs involved through their respective capital plans. This will mean that certain expansions or additions to the network (in Year 3 and beyond) will happen at a slower pace than the Pilot Project will allow.

Third Scenario:

The scenario in which all Universal Service funding for rural health care organizations is phased out and ceased completely is the most challenging for the HUBNet partners. The current program subsidizes a significant portion of the networks and if the hospitals and clinics involved are forced to shoulder the entire burden, some setbacks would be incurred. It is anticipated that the level of bandwidth would have to be reduced, not eliminated, such that video-based telehealth services would need to be scaled back. Impacts of bandwidth reduction would include increased transmission times for teleradiology. Network endpoints would also see increased response times for clinical and financial information, as well as internet access. To the extent that FCC support after Year 3 could be gradually reduced, the organizations involved would be better able to absorb the costs, as opposed to a quick reduction in funding. As the FCC's goal has been to increase the use of the fund, this is not a likely scenario.

Summary:

To summarize, because of current regulations, sustainability cannot be achieved through some form of revenue generation through the network. Instead, sustainability is justified by comparing the costs to the benefits. The costs are the on-going monthly line and service charges while the benefits include cost savings and cost avoidance, increased quality of care for patients, better utilization of scarce physician resources, and ensuring that electronic patient information is available wherever the patient is being treated.

A basic level of bandwidth can be maintained without Universal Service funds. However, the funds do allow the partners to increase network capacity much faster than without any subsidies. Additionally, the amount of services that can be provided simultaneously over the network is enhanced by the subsidies as they allow the expansion of bandwidth beyond what the organization is financially able to finance.

10. Provide detail on how the supported network has advanced telemedicine benefits:
- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
 - b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
 - c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
 - d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
 - e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

30 January 2009: Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:
- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
 - b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
 - c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
 - d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
 - e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
 - f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

30 January 2009: Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (*e.g.*, pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

30 January 2009: Funding commitment has not yet been received – application for same is in progress.
No costs have yet been incurred.